

CASE # _____

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Please complete one application for each person you are enrolling on the program.

Name _____ Date of Birth _____ Verified by _____

Address _____ City _____ ZIP _____ Verified by _____

County _____ Home Phone _____ Work Phone _____

CHECK ONE OR MORE: (For civil service statistical purposes only) Are you Hispanic or Latino? ____ Yes ____ No☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White**IS THE APPLICANT:** ☐ Female ☐ Male Social Security Number _____
(Confidentiality Strictly Enforced)☐ Elder ☐ Child☐ Pregnant (Due Date _____) ☐ Miscarriage (Date _____)☐ Recently had a baby or Breastfeeding (Infants Date of Birth _____)**ADULTS ONLY(Check one):** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed**WOMEN, INFANTS & CHILDREN ONLY:**Does the applicant have an SRS Medical Card? ☐ Yes ☐ No Verified by _____**PROXY:** List persons authorized to pick up your food-no more than two(2): _____**LIVING ARRANGEMENTS:**How many persons live at your address? _____ Are you living with a friend or relative? ☐ Yes ☐ No**List all persons living in your home and include income for each person working or receiving benefits.**

<u>Names of those WORKING</u>	<u>Hours worked</u>	<u>Amount Gross</u>	<u>Circle One</u>					
				Hour	Week	Biweekly	Month	Year
_____	_____	_____		Hour	Week	Biweekly	Month	Year
_____	_____	_____		Hour	Week	Biweekly	Month	Year

Names of those NOT WORKING, RETIRED, CHILDREN - OTHER THAN YOURSELF**INCOME - LIST DOLLAR AMOUNTS OF ANY OTHER INCOME (before deductions):**

TAF \$ _____	Social Security \$ _____	Food Stamps \$ _____	Disability /SSI \$ _____
Unemployment \$ _____	Pension/Retirement \$ _____	SRS/General Asst. \$ _____	Foster Care Pay \$ _____
Military Pay \$ _____	Self-Employed \$ _____	Child Support \$ _____	Interest Income \$ _____
Other \$ _____			Verified by _____

Has the applicant been on CSFP before? ☐ Yes ☐ No Has the applicant ever been on WIC? ☐ Yes ☐ NoIs the applicant, or any others living in the home Migrant Workers? ☐ Yes ☐ No In a homeless shelter? ☐ Yes ☐ No

By reading, signing and dating the back of this form, I acknowledge that the information provided is accurate and complete. I also understand that an individual may not receive WIC and CSFP benefits at the same time. I certify that I am not receiving WIC for this applicant/participant. I also understand that I must notify CSFP of all changes of income, address or household composition within 10 days.

This institution is an equal opportunity provider.

Instructions for Application Completion

Case # - For Local Agency use only.

Name and Date of Birth - Fill in applicants name and date of birth. Proof of name and date of birth must be provided on the initial certification meeting with the CSFP Local Agency. Acceptable forms of proof include: state issued birth certificate, hospital issued birth certificate of live birth, SRS medical card with birth date indicated, immunization card, drivers license, or WIC record.

Address, City and Zip – Fill in applicants current address. Proof of current address must be provided on the initial certification meeting with the CSFP Local Agency. Acceptable forms of proof include: letters mailed to the home address, rent receipts, or utility bills.

County, Home Phone #, Work Phone # - List the county the applicant resides in, home phone and work phone (if applicable).

Race/Ethnicity - Circle one or more of the race options as they pertain to applicant. Check whether or not applicant considers themselves to be of Hispanic or Latino ethnicity. *Note: These are for statistical purposes only and must be reported by SRS to USDA annually.*

Is the Applicant - Check all boxes that apply to the applicant and provide the needed dates. Provide applicants Social Security Number. *Note: Confidentiality is strictly enforced in the prevention of identity theft.*

Adults Only – Check one box that applies.

Women, Infants and Children Only - Mark whether or not the applicant has a current SRS Medical card. Women, infants and children are automatically eligible for CSFP benefits if they have an SRS medical card.

Proxy - List up to two individuals that can pick up the food box on behalf of the applicant if they are unable to.

Living Arrangements – List how many people live at the applicants address and check whether the applicant lives with a friend or relative.

Employment – List all persons living in household that are working or receiving benefits. List how much and how often wage/benefits are received.

Not working – List all persons living in the household who are not working including retirees and children.

Income - List applicants dollar amounts of other benefits received (if applicable) before deductions are taken out. Proof of income must be provided and verified at time of application; i.e. paycheck stub, tax return, etc.

Check whether the applicant has ever received CSFP benefits before.

Check whether the applicant has ever received WIC benefits before.

Check whether anyone in the household is a migrant worker.

Check whether the applicant is living in a homeless shelter.

BE SURE TO READ YOUR RIGHTS AND RESPONSIBILITIES ON THE BACK OF THE APPLICATION!

BE SURE TO SIGN AND DATE YOUR RIGHTS AND RESPONSIBILITIES FORM!!